



## COBID Certification Ineligibility Complaint Form

Business Name complaint is filed against \_\_\_\_\_ Owner(s) \_\_\_\_\_

Please provide a detailed explanation and supporting documentation for each area of concern.

**Group Membership**—Does the applicant or certified firm meet the group membership requirements (i.e., minority, woman, service-disabled veteran, etc.)? [Relevant Law: 49 CFR 26.63 and 26.67; OAR 123-200-1100]

Specific reason(s) applicant does not meet group membership eligibility:

**Business Size**—Does the business qualify as an existing small business as defined by the Small Business Administration? [Relevant Law: 49 CFR 26.65; OAR 123-200-1100(16)]

Specific reasons applicant does not meet business size:

Number of employees:

Annual gross receipts over a three-year period:

**Economic Disadvantage/Personal Net Worth**—Does the applicant exceed the personal net worth limitation of \$1.32 million? (This only applies to the federal Disadvantaged Business Enterprise certification.) [Relevant Law: 49 CFR 26.67]

Specific reason(s) applicant does not meet the Economic Disadvantage requirement:

Personal Net Worth not including the equity in the individual's home or business:

**Individual Determinations of Social/Economic Disadvantage**—Is the applicant socially and/or economically disadvantaged? Applicants that are not members of the recognized groups (e.g., physically disabled veterans or individuals) must be reviewed on a case-by-case basis. [Relevant Law: 49 CFR 26.67(d); OAR 123-200-1210]

Specific reason(s) applicant does not meet case-by-case social/economic disadvantage:

**Ownership/Contribution (Does not apply to ESB certification)**—Does the applicant own at least 51% of his or her firm? [Relevant Law: 49 CFR 26.69; OAR 123-200-1220]

Specific reason(s) that demonstrate the applicant does not meet the ownership/contribution standards:

**Day-to-Day Managerial and Operational Control**—Does the applicant manage and control the daily operations of his or her firm? [Relevant Law: 49 CFR 26.71; OAR 123-200-1220]

Specific reason(s) that demonstrate the applicant does not manage and control his or her firm:

**Sign, date and submit this form and supporting documentation.**

We accept electronic submissions as well as physical paper submissions. What ever method is chosen, the submission must contain this form and supporting documentation.

My signature below constitutes my acknowledgement that in the event any of the information contained in this complaint is determined to be inaccurate or misleading, COBID will issue a finding “no cause” without further review or investigation.

Signature

Typed Name

Date

Address

Phone Number

COBID will investigate formal complaints as promptly as resources allow. Complaints submitted without supporting documentation will be returned to the complainant and will not be investigated. A COBID employee will contact the complainant upon receiving a complaint and notify the individual of the expected time frame of the investigative process.

**Submit the form via**

**U.S. Mail**

Business Oregon  
COBID  
775 Summer Street NE, Suite 200  
Salem OR 97301-1280

**Email**

Make sure the total size of the email (including all attachments) is not larger than 10 MB  
[cobid.web@oregon.gov](mailto:cobid.web@oregon.gov)